



# CITY OF YORK UTILITY ACCOUNT CHANGE FORM

CITY OF YORK : 10 N. Roosevelt St.:PO Box 500: YORK SC 29745 P:(803)684-2341 : WWW.YORKSC.GOV

TODAY'S DATE: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

☐ NAME CHANGE ☐ ADDRESS CHANGE ☐ ADD SOMEONE TO ACCT

CURRENT ACCOUNT NAME \_\_\_\_\_

☐ NEW ACCOUNT NAME: \_\_\_\_\_

CURRENT SERVICE ADDRESS \_\_\_\_\_

☐ NEW SERVICE ADDRESS \_\_\_\_\_

CURRENT ACCOUNT NAME \_\_\_\_\_

☐ NEW PERSON TO BE ADDED \_\_\_\_\_

CONTACT PHONE# \_\_\_\_\_

DRIVERS LICENSE / ID# \_\_\_\_\_ STATE \_\_\_\_\_  
(MUST BE PROVIDED)

CUSTOMER SIGNATURE \_\_\_\_\_

## FOR UTILITY BILLING USE ONLY:

DATE RECEIVED \_\_\_\_\_ DATE POSTED \_\_\_\_\_